

Chatham Community Child Care Scholarship Program Application

The town of Chatham recognizes the importance of consistent, quality early education and care for children and families. To support families who may be experiencing unexpected or extraordinary situations paying for their child care arrangements, the town has established the Chatham Community Child Care Scholarship Program. The Child Care Scholarship provides short-term child care funding for children of eligible town residents or employees. Children aged infancy through school-age receiving care in legally operating programs are eligible.

Applications are accepted on a rolling basis and reviewed regularly in order of receipt. Incomplete applications cannot be reviewed. Applicants should be aware that the Scholarship is a finite resource. Scholarship awards for eligible applications will be based upon the amount of the request and the current resources. Therefore, awards may be a percentage of the total request. CACCI/Child Care Network will accept, review, and notify families of application outcomes. Applicants should be aware that award of any Scholarship funding to the applicant is contingent upon acceptance of Scholarship terms and conditions by the child care provider identified in the application. Awards will be paid directly to the child care provider by CACCI/CCN. Any inquiries concerning the status of an application or scholarship award should be directed to CACCI/CCN, not Chatham town offices.

Please complete this application and submit it to:

CACCI/Child Care Network
372 North Street Hyannis, MA 02601

Questions concerning the scholarship or the scholarship application should be directed to the CACCI/CCN Program Director at 508-778-9470 x223 or 1-888-530-2430.

Name of applicant (parent/guardian): _____

Child's name: _____ Age/grade enrolled: _____

Mailing/residential address: _____

Home Phone # _____ Cell # _____

Number of adults in home: _____ Number children in home: _____

Adult(s) in household currently employed? YES Employer(s): _____

NO

Your household income last month: _____

Your total monthly child care expenses: _____ For how many children in child care?: _____

Name of Child Care Provider/Program to be paid with these funds: _____

Address & Phone # of Child Care Provider: _____

Is this Provider licensed? _____ Relationship (if any) of Provider to applicant: _____

What is the total balance (outstanding/current) at this time of your child care tuition bill: \$_____

Please list separately the child care expenses and scholarship request for each child in your household:

Name: _____ Age: _____
Attends child care _____ days per week at the cost of \$_____ per day / week / month
What amount of Scholarship assistance are you requesting for this child? \$_____*

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Attends child care _____ days per week at the cost of \$_____ per day / week / month
What amount of Scholarship assistance are you requesting for this child? \$_____*

The total request for Scholarship assistance: \$_____

*The Scholarship awards a maximum of \$750.00 per child receiving child care in the family.

Have you applied to other sources for assistance? Please specify where:

Please list your reasons for applying for these funds at this time: (use additional paper if required)

Is there anything else you would like the Committee to know about your situation: _____

I hereby verify that the information provided above is correct.

Signature: _____ Date: _____

I understand that by completing and submitting this application my name and information may be placed on the Massachusetts Department of Early Education and Care Wait List for Child Care Assistance. I further understand that my contact information may be shared within the CACCI/Child Care Network agency in order to receive additional support services information. If this Application is declined, I (the applicant) may request a review with the Chatham Human Service Advisory Committee. _____

(Initial)